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| FEC FORM 1 | | STATE ORG <i>A</i> | | _ | | Office Use | e Only | |
|---|---------------|--|-------------|---|---------------------|------------------|---------------|-----------|
| NAME OF COMMITTEE (in | n full) | (Check if is change | | Example:If typing, typ over the lines. | e 12FF | E4M5 | | |
| CropLife A | merica | POLITIC | AL AC | TION COM | MITTE | <u>=</u> | | |
| | | | | | | | | |
| ADDRESS (number a | nd street) | 1156 15TH STRE | ET NW SUIT | E 400 | | | | |
| (Check if address is changed) | | WASHINGTON | | | DC | 20005 | | |
| | | | CIT | Y | STATE | Z | ZIP CODE | |
| COMMITTEE'S E-MA X (Check if is change | address | S (Please provide of p | | ail address) | | | | |
| COMMITTEE'S WEB | PAGE ADD | RESS (URL) | | | | | | |
| (Check if is change | | | | | | | | |
| 2. DATE 03 | M / D E | 2012 | | | | | | |
| 3. FEC IDENTIFIC | CATION NUI | MBER | C C002 | 48849 | | | | |
| 4. IS THIS STATE | MENT X | NEW (N) | OR | AMENDED (| (A) | | | |
| I certify that I have e | examined this | s Statement and to | the best of | my knowledge and be | elief it is true, o | correct and comp | lete. | |
| Type or Print Name | of Treasurer | Mr. Jay Vroom | | | | | | |
| Signature of Treasure | Mr. Jay | Vroom | | [Electronically File | ed] Date | 03 28 | | 012 |
| NOTE: Submission of | | | | y subject the person sig SHOULD BE REPORTI | - | | es of 2 U.S.C | ;. §437g. |
| | | | 1 | | | | | |

| L | Office Use Only | | | | For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | FEC FORM 1 (Revised 02/2009) |
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